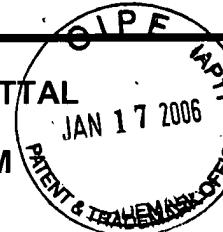


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**TRANSMITTAL
FORM**


Total Number of Pages in this Submission : _____

Application Number:	10/644,659
Filing Date:	August 20, 2003
First Named Inventor:	Eric Olson et al.
Art Unit:	1653
Examiner Name:	Robert B. Mondesi
Attorney Docket Number:	MYOG:037US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input checked="" type="checkbox"/> Check in the amount of \$760.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/MYOG:037US/SLH.</u>
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> References _____	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Reply to Missing Parts/Requirements		
<input type="checkbox"/> Declaration(s) _____		
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fulbright & Jaworski L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	January 13, 2006		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or Printed Name	Steven L. Highlander
Date	January 13, 2006